S. Mahdi [1,*], W. English [2], S. Ahmed [2]. [1] *Barts and The London School of Medicine and Dentistry, London, UK;* [2] *The Royal London Hospital, Barts Health NHS Trust, London, UK.*

**Aim:** Our hospital takes part in the "#hellomynameis" campaign to increase patient awareness of the identity of those looking after them. We audited whether surgical patients were aware of their named consultant and nurse.
**Method:** We performed a full audit with two cycles and interventions. There were 112 and 113 patients in respective cycles split between five general surgery ward (colorectal/UGI/HPB/vascular/trauma). Patients were asked verbally to name the consultant looking after their care and the nurse looking after them that day. The number of boards displaying these names was also collected. Our interventions were staff interviews and a poster campaign.
**Result:** 55/112 and 54/113 patients had boards near their bed. 4/55 boards had consultant names and 12/55 patients recalled their consultant. This increased to 16/54 and 30/54 respectively in cycle 2. We found a significant association between recall of consultant name and presence on name board in both cycles ($p=0.0141$). There was no significant association with nurses' names ($p=0.1842$).
**Conclusion:** We have demonstrated a significant association between consultant name recall by patients and having a name board near their bed. We suggest that to improve patient autonomy, all patients should have boards with names of staff looking after them.

http://dx.doi.org/10.1016/j.ijsu.2016.08.277

## 0588: ASSESSING THE ANATOMICAL ADEQUACY OF THE PLAIN ABDOMINAL RADIOGRAPHS AGAINST DEFINED RCR AND ACR GUIDELINES IN A DISTRICT GENERAL HOSPITAL

N. Wong*, N. Jiwa. *Princess Alexandra Hospital, Harlow, UK.*

**Introduction:** The plain abdominal radiograph is an important radiological tool for the acute surgical patient with abdominal pain. Each film gives a 0.4mSv dose of radiation, 30 times more than a chest radiograph. An adequate film is essential for radiological assessment of abdominal viscera. An audit was conducted to assess adequacy of abdominal films within the trust.
**Method:** A retrospective review was conducted between October and November 2015 of all abdominal radiographs. These were graded against RCR and ACR guidelines stipulating inclusion of diaphragm, pubic symphysis and both flanks in a radiograph as adequate (Target 95%).
**Result:** A total of 172 abdominal films were conducted. 55% were female (aged 9 days to 94 years). 60.5% were urgent investigations.
39.6% of graded radiographs were deemed adequate (three anatomical landmarks included) and 60.4% inadequate. In adequate films, 78% were captured in one film and 22% required two or more films.
**Conclusion:** The adequacy of our abdominal films is not reaching required standards. This has clinical implications for patients and surgeons in training. The audit has been presented locally. Posters have been used to remind radiographers of adequacy criteria as part of a quality improvement project. A re-audit is planned in 90 days.

http://dx.doi.org/10.1016/j.ijsu.2016.08.278

## 0616: OPTIMIZING PREOPERATIVE INVESTIGATIONS FOR ELECTIVE SURGICAL PATIENTS

J. O'Sullivan*, D. Cooper, L. Kumar, J. Collins, D. O'Connor, G. Fitzpatrick. *AMNCH, Dublin, Ireland.*

**Introduction:** AAGBI guidelines require preoperative blood tests for procedures of surgical severity $^{3}3$. However, there is no guidance for how long blood results, prior to elective surgery, remain valid. Due to this, tests are often repeated on the day of surgery despite recent normal results. This increases processing time and costs.
**Aim:** To assess the plausibility of eliminating repeat pre-operative bloods on the day of surgery if recent normal results were obtained, thereby minimizing processing time and cost.
**Method:** Consecutive elective orthopaedic patients attending AMNCH between October and December 2015 were reviewed. All normal results within 3 months were compared to same day peri-operative bloods; assessing for change. We calculated the cost of repeating normal tests.
**Result:** Of 137 patients, 56.93% had an FBC, U&E and Coagulation screen within 3 months of surgery. 75% with normal results had repeat tests. 91.67% remained normal. Subgroup analysis revealed 95.59%, 95.83% and 100% of FBC, U&E and Coagulation Screens respectively remained normal. The estimated cost for repeating normal tests was €2079.42.
**Conclusion:** Repeating previously normal blood tests within 3 months of surgery may be unnecessary, provided patients' conditions remain unchanged. We propose a clarification of guidelines to reduce unnecessary pre-operative blood tests.

http://dx.doi.org/10.1016/j.ijsu.2016.08.279

## 0680: PRIMARY CARE REFERRALS TO SURGERY OF PATIENTS WITH DIABETES. A MULTICENTRE ASSESSMENT OF CURRENT PRACTICE IN THE EAST OF ENGLAND

E.S. Photi [1,*], A.N.R Barnett [1,8], C.P. Challand [9], N.A. Chatzizacharias [2], N.P. Dlamini [4], T. Doulias [7], A. Foley [10], J. Martin [9], I. Nunney [10], I. Panagiotopoulou [3], D. Pournaras [2], N. Sengupta [5], P. Sinclair [5], P. Stather [1], M.M. Than [3], A.C. Wells [6], K. Dhatariya [1]. [1] *Norfolk and Norwich University Hospital, Norwich, UK;* [2] *Addenbrookes Hospital, Cambridge, UK;* [3] *Bedford Hospital, Bedford, UK;* [4] *Hinchingbrooke Health Care NHS Trust, Huntingdon, UK;* [5] *Luton and Dunstable University Hospital, Luton, UK;* [6] *Queen Elizabeth Hospital Kings Lynn, Kings Lynn, UK;* [7] *West Suffolk NHS Foundation, Bury St Edmunds, UK;* [8] *Mid Essex Hospital Services NHS Trust, Chelmsford, UK;* [9] *Peterborough City Hospital, Peterborough, UK;* [10] *Norwich Medical School, Norwich, UK.*

**Introduction:** Diabetes is the most commonly occurring metabolic disorder in the UK, with a rising 6.5% prevalence that will impose significant burdens upon healthcare services in the future. Patients with diabetes are overrepresented in the surgical population and are associated with increased peri-operative morbidity, longer hospital stay and greater use of healthcare resources. This study aims to investigate the quality of information transferred from primary care during the elective surgical referral process, as per national guidelines.
**Method:** Primary care surgical referrals from nine hospitals were analysed to identify patients with diabetes over a one week period. A standardised collection tool was used to assess whether the minimum dataset of information for pre-operative assessment was provided.
**Result:** From 1,919 patients referred for surgery 169 (8.8%) had diabetes. Of these patients 22.5% were referred with no mention of diabetes, 50.5% had no details of any diabetes related co-morbidities and only 7.7% included a recent HbA1c reading. Only 21.9% of diabetes-related referrals were documented to be on insulin therapy.
**Discussion**: The opportunity to improve communication of diabetes diagnosis, management and presence of co-morbidities during primary care referral is not currently utilised. Addressing this would enhance peri-operative glycaemic control, thereby reducing morbidity and mortality.

http://dx.doi.org/10.1016/j.ijsu.2016.08.280

## 0711: A RETROSPECTIVE STUDY OF SEPSIS OUTCOMES IN AN ACUTE TRUST COMPARING SIRS CRITERIA TO A NOVEL SCORING METHOD

D. Vedage*, S. Shawaf, J. Kinnear, P. Narvan, N. Sirisena. *Southend University Hospital, Southend-on-Sea, UK.*

**Background:** Sepsis is a significant contributor to morbidity and mortality in the surgical patient. SIRS has been used since 1992 to define sepsis, but recent research suggests that SIRS lacks sensitivity or specificity. The qualitative SOFA score (qSOFA) is an emerging initial assessment method that uses altered mental status, respiratory rate and systolic blood pressure to measure organ dysfunction.
**Method:** A retrospective study of 162 patients with a diagnosis of sepsis at an acute trust from April 2013 to March 2014. Outcomes indicating severity of sepsis and mortality were compared with whether they met either SIRS or qSOFA criteria, or both.

**Result:** 13.0% (21) patients were SIRS positive/ qSOFA negative, while 22.2% (36) were qSOFA positive/ SIRS negative. 8.33% of patients who were SIRS negative/qSOFA positive were admitted to ITU compared to 4.76% who were SIRS positive/qSOFA negative. LOS was significantly longer (p=0.02) in SIRS negative/qSOFA positive compared to SIRS positive/qSOFA negative cohorts. The SIRS negative/qSOFA positive cohort also had worse mortality outcomes (33%) compared to the SIRS positive/qSOFA negative cohort (23.8%).
**Conclusion:** Outcomes are worse for SIRS negative/qSOFA positive patients compared to SIRS positive/qSOFA negative, suggesting qSOFA may be a better indicator in identifying the septic patient.

http://dx.doi.org/10.1016/j.ijsu.2016.08.281

### 0739: DOCTORS' LANYARDS: HOW OUR PATIENTS JUDGE US

A. Davies*, E. Saxby, J. Henderson. *North Bristol NHS Trust, Bristol, UK.*

**Aim:** The doctor-patient relationship is fundamental to good medical practice and doctors' attire influences patients' opinions. In surgical specialties where scrubs are worn, one of the few differentiating items is the lanyard used to retain identity badges. Should we be concerned about judgements made based on our lanyard?
**Method:** Standardised photographs were taken of five lanyards, each worn over a plain white shirt; 1) NHS; 2) Royal College of Surgeons of England; 3) Mickey Mouse®; 4) Music festival; 5) Plain blue. 65 consecutive patients in adult outpatient clinics were asked to assess to what extent the wearer was considered trustworthy, knowledgeable, competent, caring, and professional.
**Result:** We received 55 completed responses; mean age 43.1 years, 26 male, 29 female. Percentage scores were calculated for each criteria. The mean total score was 68% for the 'formal' RCS and NHS lanyards, and 44% for the 'informal' music festival and Mickey Mouse® lanyards (p = < 0.0001).
**Conclusion:** Lanyards allow clinicians to express themselves. Our results show a preference for those associated with professional bodies. Lanyards cannot compensate for poor bedside manner or clinical skills, however they may help inspire confidence and trust, an ever present challenge in the NHS.

http://dx.doi.org/10.1016/j.ijsu.2016.08.282

### 0746: AN INTERVENTION THAT IMPROVED THEATRE LIST ACCURACY. A COMPLETED AUDIT LOOP

R. Salem*, T. Ball, G. Wansbrough. *Torbay and South Devon NHS Foundation Trust, Torbay, Devon, UK.*

**Introduction:** Inaccurate theatre lists are, at best, a mark of inefficiency; at worst, they risk contributing to wrong site surgery or inadequate team preparation. Inaccuracy can occur when hand written listing forms are transcribed into codes by administrative staff, who compile electronic theatre lists. Foot and ankle surgery presents a special risk because of the baffling variety of surgical sites and operations. Our lists bore this out, prompting an audit.
**Method:** We audited one month's operations, comparing the listed procedure against the verified coding for the operation.
**Result:** Out of 47 operations in November 2014, the listed operation matched the final coded operation in only eighteen cases (38%). The list sometimes gave little information about what was planned.
**Intervention and re-audit:** A laminated A3 card, explaining foot and ankle codes and site codes, was given to the staff that compile theatre lists. Re-audit in August 2015 revealed that the listed operation matched the final coding in 28 of 39 cases (72%). Qualitatively, in many cases the discrepancy was slight. Fisher's exact test showed a statistically significant improvement (p<0.005).
**Conclusion:** Introducing a guide to coding significantly improved list accuracy. Surgeons could help further by using the codes when listing patients.

http://dx.doi.org/10.1016/j.ijsu.2016.08.283

### : CHILD-PUGH SCORE A POTENTIAL RISK STRATIFICATION TOOL IN PATIENTS UNDERGOING SURGERY FOR ENCAPSULATING PERITONEAL SCLEROSIS

R. Davidson[1], Z. Moinuddin[2], R. Jarvis[1,*], A. Summers[2], L. Birtles[2], M. Morgan[2], T. Augustine[2], D. van Dellen[2]. [1] *University of Manchester, Manchester, UK;* [2] *Department of Renal and Pancreas Transplantation, Manchester Royal Infirmary (NCG funded UK Referral Centre for EPS Surgery, Manchester, UK.*

**Background:** Encapsulating peritoneal sclerosis (EPS) is a rare complication of peritoneal dialysis with a high mortality risk. Surgery improves survival, but has high mortality risk due to complex co-morbidities (renal failure, malnutrition, sepsis and predisposition to liver failure). Existing risk stratification tools unreliably predict prognosis following surgery. We aimed to assess liver failure scores as mortality predictors in patients undergoing surgery.
**Method:** Retrospective analysis was performed on 87 EPS patients undergoing surgery at a quaternary referral centre. Patients were grouped according to their pre-operative Childs-Pugh score (A and B). 100-day, 1-year and overall survival was compared (Log rank test). The influence of sepsis and intestinal fistulation was also assessed (Cox proportional hazard analysis). Type and duration of total parenteral nutrition (TPN), and post-operative liver function tests were also compared.
**Result:** Survival in Child's group A was better than group B (100 days, 1-year and overall survival- 91% vs. 75%, 71% vs. 59% and 67% vs. 50% respectively). Sepsis significantly increased the mortality risk in Childs group B with a hazard ratio of approximately 3 (all time points.)
**Conclusion:** Liver failure prognostic scores may provide opportunities to predict prognosis in high risk surgery, such as EPS. Further validation is required.

http://dx.doi.org/10.1016/j.ijsu.2016.08.284

### 0777: AUDIT OF OPERATION NOTES FROM A SINGLE OTORHINOLARYNGOLOGY UNIT: DOES NEW TEMPLATE IMPROVE QUALITY?

D. Apparau*, M. Afiq Mohd Slim, D. Dick, K. Trimble. *Royal Victoria Hospital, Belfast, UK.*

**Aim:** Operation notes serve as key communication medium between healthcare professionals for optimal post-operative care. This audit was conducted to evaluate adequacy & handwriting legibility of our operation notes pre and post-intervention.
**Method:** The Royal College of Surgeons of England; Good Surgical Practice 2014 criteria were used as standards. 3-week data collection was conducted initially and a new operation notes template was introduced in the 4th week. Another 3-week data collection was repeated in the 5th week. Evaluators utilised Likert scale for assessing handwriting legibility. Fisher's Exact and Student t-test were performed for pre & post-intervention comparison with p<0.05 being statistically significant.
**Result:** 76 pre-intervention and 52 post-intervention operation notes were assessed. 65% of the post-intervention notes used the new template. A few individual criteria showed significant improvement (p<0.05) and an overall statistically insignificant (pre=69%, post=82%, p: 0.28) positive trend on guideline adherence was evident with the use of new template. Handwriting legibility showed significant improvement (pre=5.10, post=3.89, p: 0.002).
**Conclusion:** A new template offers improvements but is insufficient to enhance total quality of operation notes. Although handwriting legibility improved, this could have been a temporary Hawthorne effect. Electronic